

PLEASE NOTE:  
YOU MUST  
COMPLETE THE  
FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Assay for directly detecting a RS virus related biological cell in a body fluid sample"

Insert Title:  
  
Fill in Appropriate  
Information -  
For Use Without  
Specification  
Attached:

the specification of which is attached hereto. If not attached hereto, \_\_\_\_\_ as  
the specification was filed on \_\_\_\_\_  
United States Application Number \_\_\_\_\_ (if applicable) and/or  
and amended on \_\_\_\_\_ as PCT  
the specification was filed on \_\_\_\_\_  
International Application Number \_\_\_\_\_ and was  
amended under PCT Article 19 on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority  
Information:  
(if appropriate)

Prior Foreign Application(s)		Priority Claimed	
PA 2000 01549	Denmark	10/17/00	
(Number)	(Country)	(Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.  
60/242,132 23 October 2000

Insert Provisional  
Application(s):  
(if any)

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S.  
Application(s):  
(if any)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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\*DATE OF SIGNATURE

Full Name of First  
or Sole Inventor  
Inventor Name of  
Inventor  
Inventor Date This  
Document is Signed

Insert Residence \_\_\_\_\_  
Insert Citizenship \_\_\_\_\_

Nearest Post Office  
Address

Full Name of Special  
Inventor, if any:

Full Name of Third  
 Inventor, if any: \_\_\_\_\_

If Name of Fourth  
Inventor, if any:  
see above